

American Lung Association American Thoracic Society

November 8, 2004

Arthur J. Lawrence
Acting Principal Deputy
Assistant Secretary for Health
Office of Public Health and Science
US Department of Health and Human Services
National Vaccine Program Office,
Hubert H. Humphrey Building,
Room 725H,
200 Independence Avenue, SW.,
Washington, DC 20201

Re: Comments on the Draft Pandemic Influenza Plan

Dear Mr. Lawrence:

The American Lung Association and the American Thoracic Society welcome the work of the Department in developing this draft plan to address the health threats posed by an influenza pandemic. The Lung Association and the Thoracic Society wish to make these comments on the plan and appreciate the Department taking them into consideration.

The plan is an essential beginning step.

Overall, the plan provides an excellent overview of issues that will need to be addressed in the preparation needed at the national, state, local, and hospital levels. However, it lacks specific recommendations that can ensure that each level adequately responds to a coordinated whole. Clearly, when the Department sent this plan out for public comment, no one expected that the next few weeks would show how critical the need for such a plan would be. The recent public outcry over the shortage of vaccine in a year when the outbreaks may be mild only underscores its importance. This season's problems of supply, distribution and managing fear demonstrate that our public health response to a pandemic will be challenging indeed.

The plan needs more public discussion during development and during the inter-pandemic period. Putting the plan out for public comment through the Federal Register process is not sufficient opportunity for public input: this plan needs thorough dialogue and debate beginning now. Such examination cannot be limited to the medical and public health community. Public meetings, workshops and conferences are essential, inviting researchers, elected officials,

medical professionals, state and local health departments, vaccine manufacturers, hospitals, nongovernmental organizations and other stakeholder groups. Public debate will not only enhance the development of the plan, it is required to spread awareness and build support for the legislative actions which will be needed.

This current vaccine shortage provides a unique opportunity to involve media and the public in a discussion that can lead to not only better decisions, but more ownership of the components by all potential partners. The Department should ensure that white papers or presentations are prepared to foster discussion on the policy options raised in the plan. Asking questions is only the beginning. We must reach the answers now, well in advance of the pandemic.

The plan needs to revisit the issue of vaccine and antiviral production and supply.

We have known about the critical vulnerabilities within the vaccine supply system for years. The plan reviews the technical constraints on vaccine production, particularly the challenge of the six-to-eight months required to produce a vaccine and the possible improvements that a tissue-grown vaccine could provide. However, the plan needs to, but does not address policy options to increase the number of manufacturers both here and internationally producing and prepared to produce the vaccine and antiviral medications. Should the supply of these critical public health tools be left to the market-based system we currently use or should the federal government become more involved? How can we determine and ensure what should be a sufficient stockpile of antiviral drugs? As we mentioned earlier, debate on such questions is essential. The American Lung Association and the American Thoracic Society recommend quickly convening a study by an independent blue ribbon panel of the level of an Institute of Medicine analysis to explore fully these questions of supply.

The plan needs to provide more specific recommendations for national, state, local, and hospital response.

The plan provides general guidance for each level of response, but more specific examples are needed to ensure consistency and coordination. Examples of plans developed at each level would make the recommendations more concrete. Specific examples could show how the layers of plans interact and coordinate with each other and with other activities, while leaving the states and others free to adapt them for their distinctive situation.

We look forward to continuing the discussion and arriving at a consensus on steps needed to move forward. Thank you for the opportunity to comment on this plan.

Sincerely,

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